## 

**Online Course Loading Sheet**

**(Lethbridge College DL & eCampus AB)**

**Return to Scheduling Office**

**SCHEDULING OFFICE**

3000 College Dr. S

Lethbridge Alberta T1K 1L6

Tel: 403-320-3286

scheduling@lethbridgecollege.ca

|  |  |
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| **Submitted by:** |  |
| **Phone #:** |  |

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| --- | --- | --- |
|  | **Add year (YY) to term:** |  |
| **Section ID:** | **Fall (YY- FL):** | **Open to ALL:** |
|  | **Winter (YY-WN):** | **Dept (Provided by):** |
| **Title:** | **Spring (YY-SM):** | **Dept (Provided to):** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Assign Instructor to Applicable Term(s) using (Y or N):** | | | | | | | |
| **Instructor “s”#** | **Instructor Name** | **Instructor Method** | **% Instructor Load** | **Contact Hours** | **FL** | **WN** | **SM** |
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| Section Start/End Date:      /    /    -      /    /  (YYYY / MM / DD) (YYYY / MM / DD) | # of Wks: |  | Tuition Rate Flag: |  |

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|  |  | | Course Section Limit: | |  |
| **Scheduling Office Use Only:** |  |
| Web Registration Rule: |  | | Reg Alert: | |  | |

|  |  |  |
| --- | --- | --- |
| GL Number: | -     - | \_\_\_\_\_ GL Override - **Centre Business Analyst initial required** |
| Sponsor Code: |  | Sponsor ID: |

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| **Scheduling Office Use Only**: | AR Code: | AR Amount: | AR Calc Type: |
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| **Printed Comments:** these display on the student schedule and printed timetables – **wording MUST fit on two lines with max 25 characters per line, including spaces, and no word wrap:** |

|  |  |  |  |  |
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| **Scheduling Office Use Only:** | Colleague: | eCampus: | Entered by: | Date: |

2014/04/14